

## SPONSORSHIP APPLICATION

Sponsorships are available on a first-come, first-reserved basis by completing and returning this Sponsorship Application. Upon receipt of the application and indication of payment method, an e-mail will be sent confirming requested sponsorship item(s).

Sponsoring Organization: \_\_\_\_\_

Organization Contact: Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_

### OPPORTUNITIES

Check the box for the sponsorship opportunity you are requesting.

#### Platinum Level

Reception \$15,000

#### Gold Level

Facility Tour **SOLD**  
 Conference Tote Bag \$5,000  
 Welcome Gift \$500 (+cost)  
 Conference Portfolios \$5,000  
 Wi-Fi \$5,000  
 CD Wallet \$5,000  
 Water Tumblers \$5,000  
 Conference T-Shirts \$4,500

#### Silver Level

Wellness Walk \$3,000  
 Name Badge Pouches \$2,500  
 Mid-Conference Power Pack \$500 (+cost)  
 Going Home Basket \$500 (+cost)

Conference Note Pads \$2,500

Continental Breakfast Enhancement \$2,500

Afternoon Break \$2,500

Brain Boosters \$2,500

Mid-Morning Coffee Break \$2,000

#### Bronze Level

Guestroom Key Cards \$1,500

Conference Pens \$1,500

Conference Materials Web Site Home Page \$1,250

Exhibit Guide Cover Logo \$1,250

Registration Bag Insert \$1,000

#### Advertising

Exhibit Guide Ad (Outside Back Cover) \$1,000

Exhibit Guide Ad (Inside Front Cover) \$750

Exhibit Guide Ad (Inside Back Cover) \$500

Exhibit Guide Ad (Standard) \$250

### METHOD OF PAYMENT

#### Check Payment

Make check payable to: **OptumHealth Education**

Federal Tax ID: 30-0238641

Mail payment to: OptumHealth Education  
 ATTN: Bethany Severson  
 MN010-S157  
 6300 Olson Memorial Highway  
 Minneapolis, MN 55427

#### Credit Card Payment

Visa

MasterCard

American Express

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Print Cardholder's Name: \_\_\_\_\_

I authorize and acknowledge all of the aforementioned charges will be posted to my credit card in the form of full payment for the items designated above.

Signature of Cardholder: \_\_\_\_\_

Date: \_\_\_\_\_

*Sponsor agrees to pay above indicated sponsorship and/or advertising amount. Payment in full is due within 45 days upon receipt of application or OptumHealth Education reserves the right to withdraw the sponsorship.*

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_